

Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506 or 367-8512
www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
INTERIOR DESIGNER DEGREE VERIFICATION FORM

Instructions

Applicant: Complete items #1 through #11, then forward to the college or university for certification. Please enclose a stamped self-addressed envelope.

College/University: Complete the bottom portion of this form and returned to the applicant.

1. Applicant's Name
Last _____ First _____ Middle _____ Generation _____
2. Social Security Number or Virginia DMV Control Number*
* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
[][][] - [][] - [][][][]
3. Date of Birth _____
4. Mailing Address (PO Box accepted) _____

City State Zip Code
5. E-mail Address _____
6. Contact Numbers
Primary Telephone Ext Alternate Telephone Ext Facsimile
7. Name of Institution _____
8. Address of Institution _____

City State Zip Code
9. Dates Attended From _____ To _____
10. Degree _____
11. Applicant's Signature _____ Date _____

CERTIFICATION

I hereby certify that the individual named above graduated from this CIDA
(formerly FIDER) or NAAB-accredited curriculum/school/institution.

Degree _____ Major _____
Date Degree Received _____
Signature _____
Official Title _____

Affix official school seal here.